

## Exhibit B

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM - Chapter <input type="checkbox"/> 13 <input checked="" type="checkbox"/> 11 <input type="checkbox"/> 7 <input type="checkbox"/> Other
Name of Debtor: USA COMMERCIAL MORTGAGE COMPANY	Case Number BK-S-06-10725-LBR	(This space for court use)  <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;">           ELECTRONICALLY FILED BY            BELDING, HARRIS &amp; PETRONI, LTD.            ON <u>11/13/06</u> </div>
NOTE: This form NOT be used to make a chain for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property):  FRANK SNOPKO TRUSTEE OF THE CHARLOTTE SNOPKO RESIDUAL TRUST DATED 8/31/04	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement Giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name & Address where notice should be sent:  Stephen R. Harris, Esq. Belding, Harris & Petroni, Ltd. 417 W. Plumb Lane Reno, NV 89509 Telephone number: (775) 786-7600	Account or other number by which creditor identifies debtor:  Check here if this claim <input type="checkbox"/> Replaces <input type="checkbox"/> Amends A previously filed claim, dated _____	
1. BASIS FOR CLAIM <input type="checkbox"/> Goods Sold <input checked="" type="checkbox"/> Services Performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal Injury wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (FILL OUT BELOW) Your Social Security # _____ - _____ - _____ Unpaid compensation for services performed from (Date) _____ To _____ (Date) _____		
2. Date debt was incurred: 3/06 Gateway West - 2 <sup>nd</sup> 3. If court judgment, date obtained:		
4. Total amount of claim at time case filed: \$ <u>2,500.00</u> - see Exhibit "A" - according to proof of damages at hearing If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest, or other charges in addition to the principal amount of the claim. Attach an itemized statement of all interest or additional charges		
5. Secured Claim.  <input type="checkbox"/> Check this box if your claim is secured by collateral (Including a right of setoff)  Brief description of collateral:  <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicles  <input type="checkbox"/> Other _____  Value of collateral \$ _____  Amount of arrearage and other charges <u>at time case filed</u> included In secured claim, if any:  \$ _____	6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____  <i>Specify the priority of the claim:</i>  <input type="checkbox"/> Wages, salaries, or commissions up to \$4,300* earned within 90 days before filing of the Bankruptcy petition, or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507(a)(3) <input type="checkbox"/> Contribution to an employee benefit plan - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11 U.S.C. §507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. §507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8) <input type="checkbox"/> OTHER - Specify applicable paragraph of 11 U.S.C. § 507(a)(____)  *Amounts are subject to adjustment on 4/1/98 and every three years thereafter with respect to cases commenced on or after the date of adjustment.	
7. Credits: the amount of all payments on this claim has ben credited and deducted for the purpose of making this proof of claim.		(This space for court use.)
8. Supporting documents: attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
9. Date-Stamped copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and a copy of this proof of claim.		
Date: <u>11/13/06</u> Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):  <div style="text-align: right;">Stephen R. Harris, Attorney for Creditor</div>		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §152 & 3571.		